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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Notes of Experiments on Ulcers and Wounds*, designed to serve as aids to the investigation of the Chemical action which takes place on ulcerated and wounded surfaces. By DANIEL BRAINARD, M D., Prof. of Surgery in Rush Medical College, Chicago, Surgeon of the U. S. Marine Hospital and of the Mercy Hospital at Chicago, Foreign Corresponding Member of the "Société de Chirurgie" of Paris, and of the Medical Society of the Canton of Geneva, Switzerland, etc. etc.

THERE is no surgical disease concerning which our actual knowledge is less satisfactory than that of ulcers. The definition sometimes given, that an ulcer is a solution of continuity of the soft parts secreting pus, amounts to little less than saying that an ulcer is an ulcer. If we adopt a more recent definition and say that it is "a solution of continuity on which a peculiar action takes place," we do but repeat the former, since all that is known of this action is that it forms pus or some fluid having a greater or less analogy to it.

Still, the latter definition has this great advantage over the former, that it leaves it to be inferred that some action, the nature of which is unknown, does take place on the surface of ulcers, a fact which every observing and reflecting person must have per-

ceived, especially when called upon to explain their pathology.

Since it is known that every moistened animal membrane brought in contact with a gas absorbs it by endosmosis, we might expect that an action of absorption of air would necessarily take place on the surface of ulcers, unless this surface is expressly constituted to prevent this action from taking place. To determine this point was the first object to which my experiments were directed. At the same time an opportunity was offered of ascertaining whether an exhalation of gases takes place from ulcerated surfaces.

#### EXPERIMENT 1st.

I had the edges of a cupping glass of an oval form, ground so as to fit accurately a surface of ground glass.

This was applied, Nov. 21, 1854, at nine o'clock, A.M., over the surface of a caustic issue, in such a manner as perfectly to prevent the entrance or escape of gas or air. The issue was situated on the fore part of the thigh, immediately below the anterior spinous process of the ilium. It had been formed two weeks previously on account of a rheumatic affection of the hip joint, and at the time of the application of the cup the sides of it presented slight appearances of granulation, but at the bottom the muscular fibres were distinctly visible, the slough having been but recently separated. The issue was near two inches in length, and an inch and a half in breadth.

The cup was removed at 7 o'clock, P.M., after having been on 10 hours.

The cup was found to be much exhausted, the surface of the issue being drawn up as if a part of the air had been pumped out.

The patient stated that it had burned him for two or three hours.

There was on the surface of the ulcer a quantity of gelatinous matter, somewhat like the buffy coat on the surface of inflamed blood. It was about two lines in thickness, and slightly tinged with blood. It gave an alkaline reaction.

The gas remaining in the cup was found to be pure nitrogen. It would not support combustion, and contained no carbonic acid.

## EXPERIMENT 2ND.

Nov. 24.—The same glass containing atmospheric air as before was applied at 9 o'clock A.M., and removed at 7 P.M.

The surface of the issue was granulated throughout its whole extent.

On removing the glass the same appearances were noticed as in the first experiment. The gas remaining would not support combustion. Tested for sulphuretted, carboretted and phosphoretted hydrogen, it gave no trace of either. Fluid under the cup gave an alkaline reaction.

## EXPERIMENT 3D.

Nov. 28.—Cup containing air applied as before at 9 o'clock, A.M. The issue presented on its whole surface healthy granulations, and around its edges the appearance of cicatrization.

Cup removed at 7 o'clock, P.M. Same appearances as in the first and second experiments. The tests of the gas gave the same results as in No. 2.

## EXPERIMENT 4TH.

Dec. 5.—Cup applied with air as before. Same appearances as in third experiment. Issue covered with healthy granulations nearly level with the surface—cicatrization advancing rapidly.

The fluid found under the cup contained fibrine and exudation corpuscles. Not examined for salts.

## EXPERIMENT 5TH.

The cup was applied December 8 at 9 o'clock A.M., filled with carbonic acid. It was removed at six o'clock P.M. A vacuum had been produced to a much greater degree than in either of the preceding experiments. Patient complained of pain during the whole time of the application.

Considerable serous fluid and a gelatinous matter was found beneath the cup. Gelatinous matter showed imperfectly formed fibres and exudation corpuscles under the microscope. All the tests of the gas remaining in the cup showed carbonic acid gas.

There were also observed in the fluid dried on the glasses, crystals of the triple phosphate of ammonia and magnesia, and of the chloride of sodium.

#### EXPERIMENTS 6TH, 7TH AND 8TH.

Cup applied at 9 A.M., containing oxygen gas. Issue cicatrizing rapidly, gave neither acid nor alkaline reaction. Cup removed at 7 P.M. No vacuum had been produced. Fluid on the surface gave acid reaction. Gas in cup gave the reaction of oxygen.

The issue at this time and the granulations rising above the surface was indolent and insensible.

This experiment repeated twice gave the same results. It is thus shown that in certain stages of ulcers the absorption of oxygen ceases.

#### EXPERIMENTS 9TH, 10TH AND 11TH.

This issue having been cauterized with the chloride of zinc, and the superficial slough separated and surface granulated, the cup was applied, filled with oxygen, for nine hours. At the end of this time a slight absorption of oxygen had taken place. The surface was hard and insensible. This experiment repeated twice gave the same result.

#### EXPERIMENT 12TH.

Atmospheric air was applied with the cup for nine hours, at the end of which time there was partial absorption of its oxygen.

#### EXPERIMENT 13TH.

Cup containing atmospheric air was applied over a small freshly cut surface, made to form an issue, on the thigh of a patient whose lower members were paralyzed from injury of the spine. At the end of ten hours oxygen was absorbed, and the cup contained carbonic acid.

#### EXPERIMENTS 14TH AND 15TH.

Lint having been pressed into this wound, a cup was applied

over it as before. At the end of ten hours the same result was found as in Experiment 13, and ammonia and sulphuretted hydrogen were found mixed with the gases in the cup. This experiment was repeated once with the same result.

These experiments were made in the wards of the Mercy Hospital, at Chicago, during the winter, the atmosphere being at the temperature of about 70° F.

#### CONCLUSIONS.

We think the results of the foregoing experiments justify us in drawing the following conclusions:

1. Recent ulcers absorb pure oxygen or the oxygen of the atmosphere without giving out carbonic acid.
2. The same ulcers absorb carbonic acid rapidly—this or its combination with soda on the surface may account for this gas not being found in the cup when oxygen has been absorbed.
3. On ulcers absolutely excluded from air, no pus or imperfectly elaborated pus was found.
4. Chloride of sodium is found on the surface of ulcers, to which carbonic acid gas is applied, and from which atmospheric air is excluded.
5. Chronic ulcers do not absorb gases.
6. Fresh wounds absorb oxygen and eliminate carbonic acid, which is not absorbed.

#### REMARKS.

It will be seen that recent ulcers absorb oxygen and carbonic acid, like dead animal substance, as muscle or membrane, although this action is not attended by the phenomena of putrefaction.

What becomes of the oxygen absorbed, it is impossible without further experiment to say. It is not improbable that in some cases it combines with the fluids on the surface of the ulcer, and forms an irritating compound, which is the cause of unhealthy inflammation. It is known that air was formerly considered to be poisonous to wounds, and although this doctrine has been abandoned

the fact that deleterious effects follow the admission of air to large wounds or suppurating surfaces is undeniable.

Oxygen, when absorbed by dead animal matter, combines with a portion of it and forms a ferment which causes putrefaction. In the living body the perpetual change of the fluids prevents putrefaction.

The absorption of oxygen and the elimination of carbonic acid on the surface of wounds, might be regarded as simply an evidence that the action of respiration takes place there as throughout all the tissues of the body. But it is not probable that this act is so simple. The different effects resulting from wounds left open and those carefully closed, would indicate that some substance is formed on the surface in the former case, which being absorbed causes the constitutional symptoms.

These views are made public at the present time, although in a very imperfect state, in order to attract attention to the subject, and in the hope that they may induce some of the younger members of the profession to take it up, and by a series of careful experiments, determine accurately what are the changes that take place on the surface of the various classes of ulcers. The bearing of the facts thus to be established on questions of physiology and pathology, is it seems to me sufficiently important to repay a careful investigation.

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ART. II.—*Nitrate of Silver as a local remedy in Phlegmasia Dolens.* By J. R. MILLS, M.D., of Huntington, Ind.

MESSRS. EDITORS.—I saw in your Journal some time since (if I am not mistaken) the report of a case where some gentleman M.D. had used the nitrate of silver in Phlegmasia Dolens successfully. The idea struck me as a good one, and I determined to give it trial the first opportunity, and that happened recently in a case of M. Y., aged 30, and in her fourth confinement. Dr. W. was her attending physician. When I was called in consultation he informed me that the leg had commenced swelling on the fifth day after her confinement, and had continued to do so until I saw her, which was on the 12th day. I recommended the paint-

ing of the leg entire with a strong solution of the nitrate of silver of sufficient strength to produce vesication after the second application. Upon opening the blister the fluid seemed of an opaque color, and of more consistence than in common cases. I directed it to be dressed with cabbage leaves for four days, by which time the pain had entirely subsided, the swelling nearly gone, and the patient could flex or extend the leg at will without much inconvenience. I think the remedy deserves further trial from the profession.

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ART. III.—*Chloroform*: its Uses, etc. By P. A. ALLAIRE, M.D.

THIS powerful agent is now in the hands of nearly every physician, but its numerous uses are not yet well understood, nor have I seen a good resume of its properties and effects. Chloroform is used in three methods:

I. By inhalation.

II. By the stomach; and

III. Locally.

Its effects when used by inhalation are:

1. Anæsthetic, relieving present and preventing anticipated pain.
2. Relaxation of Tissues.
3. Production of Sleep.
4. To prevent and relieve spasm and convulsion.
5. To procure perfect quiet, necessary in some operations.
6. As an anti-emetic.

1. To produce anæsthesia is the most common reason of the use of Chloroform in practice; with this view it is much used for the relief of Neuralgia, and some cases are recorded of cures from it in this affection, but its curative effect here is more frequently secured when given by the mouth, and it is often of much efficacy when locally applied. In all the more painful operations, the Anæsthetic effect of Chloroform is now generally had recourse to, especially where "shock" is feared. This depressing effect on the nervous system is in a great degree prevented, and surgeons have justly and generally accepted Chloroform in these cases as a great



boon; it also in many instances of severe operative procedure leaves the patient in that quiet placid condition which so greatly tends to secure natural sleep, and every surgeon knows the importance of this state as tending to promote a good recovery.

In the minor operations it should never be had recourse to, the pain and shock being slight, there is no propriety in incurring any risk. The only case in which death followed the inhalation of Chloroform in this part of our country, was, where it was given to prevent pain on the removal of part of a finger. Its use is also now common in labor, but it should be used here only when this process is unusually painful or where some operation is to be performed. In parturition where relief of excessive pain is the object, Chloroform does not require to be given in such large doses as in surgical practice, the intention here being to keep the patient in a semi-conscious state, the uterine contractions being in this condition unaffected. When the handkerchief is used an ounce an hour is usually sufficient, a smaller quantity is oftener required than a larger. If necessary the woman may be kept in this way for hours together with safety, where the agent is good, is carefully used, is not improper from local disease or idiosyncrasy and she is allowed to come from under its influence every hour. This is necessary that we may know that all is going on well.

If an operation is to be performed on the parturient female, the Anæsthetic as a general rule should not be given, except in turning, and after labor, in extraction of the placenta, but if necessary in instrumental delivery, as it may be from great nervous irritability, timidity, etc.; then a perfectly passive and apathetic state should be induced, before an instrument is introduced, and this should be kept up until they are removed, for the very evident reason that unless the woman is perfectly insensible there may be involuntary motion, and each movement of her pelvis while instruments are within it endangers the injury of the contained organs, perfect quiet is therefore all-important. When the hand only is present the sleep may be less perfect. The safe way is in these operations never to give chloroform. The careful man in operating always wishes to ask frequently the question, "Madam, do I hurt you."



2. Relaxation of tissues is perhaps more thoroughly effected by Chloroform when inhaled than by any other known agent. The warm bath, opium, tartar emetic, venesection, &c., should however always be used in preference when they will effect our purpose, as being safer in our present knowledge. But when they fail as they often will, or when we are well assured they cannot succeed, then we may rely with much confidence on the relaxation produced by Chloroform. We must however in these cases produce the full effect of the medicine. Dislocation of the femur, compound fracture, and to promote the taxis in hernia, are the chief if not the only known cases in which it is necessary to use it for this purpose.—Many cases are now on record of hernia reduced, when an operation would doubtless have been performed had not this agent been known; its action here is not only by the relaxation produced, but also by preventing the pain induced by the necessary manipulation and that vast involuntary muscular resistance which is always made under these circumstances.

3. In the production of sleep, Chloroform is often an admirable agent; many cases of Delirium Tremens have been successfully treated by it, and that restless, sleepless state which often occurs in Typhus and Typhoid fevers, and which always ends fatally if sleep is not soon had, may be frequently relieved by the inhalation of Chloroform. I however generally prefer in these circumstances to give it by the stomach because where Hyperæsthenia Cerebri is present, there is always much exhaustion and depression of the nervous system, and as Chloroform is a powerful sedative when given by inhalation, it will not be found so safe as when taken in the stomach, for in this mode of exhibiting it, it has a very slight stimulating effect, and in these peculiar cases a very excellent soporific influence; but remedies in delirium and especially in Delirium Tremens cannot always be given by the mouth in consequence of violent resistance by the patient, then Chloroform by inhalation if carefully watched and perseveringly used, frequently leads to the best results. It should not here be carried to its full extent: the moment quiet is induced it should be suspended, and the opportunity seized for the administration of stimulants or other needed remedies, the Chloroform being resumed

again before its effects have entirely subsided; generally it will be found most useful in those instances which are usually called "sthenic" and which are the very ones least likely to be benefitted by the usual opiate treatment.

4 To prevent and relieve spasm and convulsion. Chloroform has been used successfully in tetanus, traumatic and idiopathic.— It should not be carried to its full extent if less will effect our purpose, as in all cases of tonic spasm (not local) the nervous system is rapidly exhausted. Might not its administration by the stomach in large doses here be useful? In hydrophobia it is the only effectual agent we have to smooth the passage to the grave.

A considerable number of cases of chorea, asthma, colic, dysmenorrhoea, hiccup, hysteria, and some anomalous forms of spasm are reported as being benefitted and some cured by the inhalation of Chloroform. The relation of a single case will perhaps best illustrate the use of the remedy in this class of affections:

CASE.—Was called to Mrs. — on the evening of July 30, 1853. Is now nearly six months in pregnancy; a robust, healthy woman, aet. 38; has had six or seven miscarriages in the last six years, always about the sixth month. When I have attended her on these occasions the foetus and placenta have been of a perfectly normal appearance, and she has had no apparent uterine disease in the intervals. She has heretofore usually been treated with bleeding, opiates, and rest. Her symptoms are the same now as they have uniformly been in former miscarriage.

*Present Condition.*—Acute persistent, lancinating pain in the right side of the uterus, a little tenderness on pressure, pain increased on motion, cannot lie down, diarrhoea, pulse full—80, tongue natural, appetite good, no expulsive effort or hemorrhage, has been in this condition thirty-six hours. *Treatment.*—Venesection,  $\text{℥xv}$ .

*R* Chloroform.

*Ol.* Olive.

Of each equal parts—Mix.

The liniment to be freely rubbed over the seat of pain every hour

and then a flannel cloth saturated with the liniment to be laid on and covered with oil silk; if sleep is not obtained in two hours then to inhale from the bottle of liniment till perfectly relieved.

July 31, Morning.—Had some relief from bleeding and liniment, but could not rest; then inhaled from the bottle and had some sleep; looks rested and more cheerful; diarrhœa better; still some pain; has passed the night in easy chair. To restrict diet and continue chloroform locally and by inhalation.

Aug. 1.—Can walk around comfortably, had a good night, diarrhœa ceased. To continue chloroform as needed.

This woman went her full time, and had a fine healthy child after an easy labor. She was bled again in October for plethora, and used the chloroform almost daily for about five weeks after last report, August 1.

Among the most interesting forms of disease in which chloroform has been used is Convulsions, puerperal, infantile and epileptic. A most interesting case of infantile convulsions, treated by Prof. Simpson, may be found in Braithwaite's Retrospect, part 25, page 71, in which a child twenty-eight days old, used ten ounces of chloroform in 48 hours by inhalation, after which there was no recurrence of the affection. In the puerperal form it is now often used and in the proper cases with excellent results. Epilepsy has not been so frequently treated with it, but when the fits recur rapidly it would seem to offer the prospect of usefulness by suspending the action of the exciting cause. In all this class of cases, it is necessary usually to produce its full effect, the rule being, *to give it only in those cases where there is absence of centric disease*. How far it may be useful when there is disease of the brain or spinal column has not yet been tested, but it would seem as if there might be cases in which it would relieve suffering with safety, and thus prolong life and give more time for the action of other remedies.

5. To procure perfect quiet. This is necessary in some operations where anæsthesia is not needed. The following case is an instance, and will indicate sufficiently well those cases:

**CASE**—A lad about six years of age was brought to me with a cherry stone in the external auditory canal. It was in contact with the tympanum, and filled the diameter of the tube. Some attempts had been made at extraction, and the meatus was a little tender; consequently the child would not allow the approach of an instrument. And although he was rolled in a sheet, three stout persons could not hold him still enough to allow me to act with safety. Chloroform was now given by inhalation until perfect insensibility was induced. The cherry pit was then removed without trouble.

6. As an anti-emetic Chloroform has been inhaled for the purpose of keeping the stomach quiet in cholera, mainly with the view of getting thus the action of other remedies. I can very well suppose that it might be useful in obstinate vomiting from other causes as in pregnancy and in some forms of stomach disease.

The subject of inhalation will not be complete without some remarks on the rules for administering this agent, its effect on the system, and treatment for the asphyxia produced by an over dose.

**Rules for its administration:** A good article only should be used, one of perfect purity can seldom be had. Chloroform should be once and a half heavier than water, and the fruity odour should not be strong. I am not aware that anything more deleterious than self is ever present even in the worst specimens, the difficulty with such, is, the irritation produced in the air passages, and the failure to induce anæsthesia. The patient being placed in the recumbent position and the operator having ascertained that there is no disease of the heart, brain, or lungs that would unfavorably modify its effects, should pour the fluid on a cloth or handkerchief of small size, and hold it within three inches of the mouth; thus the air will be so freely inhaled with it, that the patient will get about five volumes of air to one of chloroform. And this is near enough to the amount needed for practical purposes and the safety of the subject. Not more than two drachms should be used to begin with for an adult, less proportionally for children. When it has evaporated, which will be within three or four minutes, a short in-

terval should elapse, and if the effect wanted is not produced, the dose should be at once repeated, increased, or diminished, and so on until we attain the desired result. During this procedure, the pulse, eye, and respiration should be carefully watched, the effect produced being the guide and not the quantity used. If the eyes turn up, respiration becomes enfeebled, slow or stertorous, the pulse flags, and the skin cold or wet with perspiration. Then the administration should cease at once. Anæsthesia sufficiently perfect for operating is almost always induced before this condition comes on, and may be known by there being no involuntary winking on touching the eye-lid or eye. In some cases the eyes also turn up in this stage, and there is involuntary contraction of voluntary muscles, but these symptoms alone do not contra indicate the continuance of anæsthesia.

On infants the action of Chloroform is quick, and they throw its effects off rapidly. As age advances, its action is more gradual. Old persons come from under its influence slowly. This dissimilarity between age and childhood is owing to the difference in the activity of circulation and respiration in the two conditions, in both extremes therefore greater caution is necessary in its exhibition.

Chloroform is not forbidden in cases of great debility and emaciation, or where the system is suffering from the severe "shock" of some great injury, but stimulants should generally be first given in these cases. An empty stomach is desirable, but circumstances will not always allow this, yet if it is so full that it must interfere with respiration in anæsthesia a zinc emetic had better first be given. Food should not be used for some time after the inhalation of chloroform, two or three hours is generally long enough to wait, if taken before vomiting is very apt to follow.

Effects on the system. —When inhaled chloroform acts as a stimulant to the parts frequently exciting cough, &c., this soon subsides, and it speedily enters the circulation and is carried to every part with the blood. This hydro-carbon thus acts directly on the whole cerebro-spinal system destroying its nervous energy and paralysing its functions, as a consequence, sensation, respira-

tion, and the heart's action ceases if the dose is sufficient, and death follows from a true asphyxia. Where the chloroform is given more carefully and in less quantity, this overwhelming effect is not seen, the first effect is here often some involuntary motion restlessness or delirium, this generally soon subsides, respiration becomes slower and deeper, pulse slower, voluntary muscles lose their power, eyes turn up and the pupil contracts sluggishly : there is now perfect anaesthesia. If carried further, danger is to be apprehended, and may be known by feeble pulse, respiration slow and feeble, gasping, or stertorous, pupils dilated, and sometimes profuse perspiration and a cold palid surface. "In death from chloroform the respiratory movements cease first, the heart continues to act for some time longer and its then failing is in consequence of the respiratory movements having ceased."

After anaesthesia there is often consciousness long before there is any muscular power or much sensation, and there is sometimes peculiar nervous conditions left so various as not to be described, and lasting for months. Insanity has also resulted but has always so far as recorded cases go, been recovered from in a period of a few weeks.

Post Mortem Appearances.—"After the most powerful doses the lungs are collapsed, the blood natural in color and consistency, the heart placid and empty, or the right side moderately distended by the cava and the left ventricle contracted. The brain is natural. But when death is less instantaneous, the lungs are congested, ecchymosed, emphysematous, the right side of the heart and cava distended sometimes enormously; the sinusses and membranes filled with blood."

Treatment of Chloroform Asphyxia.—The patient if not already recumbent, should be laid down in a current of fresh air if possible, and artificial respiration at once commenced and perseveringly kept up. This can always be done from mouth to mouth, moments are not to be lost in waiting for instruments; after each insufflation, pressure must be made on the ribs and abdominal muscles to expel the air; thus imitating the natural act. This plan

first recommended by M. Ricord should not be interrupted for any other means, but persisted in at least for fifteen or twenty minutes, even if the heart's action has ceased. An occasional current of galvanic electricity might be passed through the chest, or if the heart does not act then through this organ. Dashing the face and chest with cold water might once or twice be used at the very onset of fatal symptoms. No attempt to give any fluid by the mouth should be made, it will be as likely to run into the lungs as stomach. Some very successful cases of treatment by artificial respiration will be found in Braithwaite's Retrospect, part 28, page 215-16 and 29. The tongue during this process must be held by an assistant with an instrument, either out of the mouth with a hook or forceps, or kept in its place in the mouth with a spatula. This is very important as the organ is apt to fall back and fill the glottis.

If signs of returning consciousness follow these efforts, dry external warmth should be applied, and as soon as the subject can swallow some warm diffusible stimulant should be given and repeated from time to time until the pulse and respiration are established.

It may be here stated that about fifty cases of fatal asphyxia from chloroform are on record, that there have been double this number never reported, it would be safe to assume.

Aurora, March, 1855.

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ART. IV.—*Cases from the Note Book.* By OWEN LONG, M.D., of Jacksonville, Ill.

In presenting the following cases to the readers of your Journal I would state that it is not done because there is anything new or important in them, but because it is the duty of every professional man to give his experience in the use of any new article that may be introduced to the notice of the profession.

It is several years since Anaesthetics were introduced as articles of the *Materia Medica*. Each year has only added to the value of that contribution, and the discoverer or discoverers should not be compelled to wait any longer for that reward which they have so richly merited. I would further state that both ether and chloro-



form have been freely used by physicians in this section of the State without one bad case resulting from their use; on the contrary, our experience has satisfied us that the discovery of the means of producing uncontrollable anæsthesia, has been one of the greatest blessings bestowed upon man.

Jan. 24, 1855.—Called to see Charles, a German, aged 25. He was out in the storm of Sunday, 21st January, travelling about all day. His boots being full of water, his feet soon became so much frozen that he could no longer walk in this condition. At three o'clock, P.M. he crawled into a haystack, and remained there till next morning. His hands, ears, face and feet being frozen badly, when he was brought to the Morgan county almshouse, of which I am physician. I was satisfied from inspection, that in consequence of the wet condition that his feet were in, that all vitality had been destroyed in them by the intense cold of that awfully stormy day and night. All the usual means in such cases were applied, and although I had the pleasure of seeing his face, hands, ears, etc., restored to their former condition, yet I was much pained to find, on the morning of the 4th of February, two weeks after the exposure, unmistakable signs of gangrene; by the next day the line of demarcation was so plain and certain that upon consultation with Dr. Prince, I determined to remove both limbs as the only hope of saving my patient, who had begun most unmistakably to exhibit symptoms of debility. The whole of both feet below the malleoli now presented the usual gangrenous appearance and from his entrance into the Institution till now, had never made any other complaint except of a very deep seated and *heavy* pain, to use his own expression, in the middle of his foot. This I have no doubt was produced by that extreme degree of congestion, which immediately precedes gangrene, and which was confined to the inner structure of the feet.

All things being prepared he was very soon reduced to complete insensibility by the use of chloroform, having first attempted to induce anæsthesia by the use of Ether, which completely failed in this case, to even partially effect him. Both legs were then amputated about four inches below the Patella, the arteries were

taken up, the flaps were approximated by stitches and adhesive straps, the bandages, etc., were all applied, whilst he was still under the influence of chloroform. He was much rejoiced to find that all was over and he had not felt any pain. Is not such an article a great boon to suffering humanity?

Feb. 10, 6 P.M., 1855.—Call to see Ella, aged 30 months. She was taken with convulsions, which had continued without interruption to this time from 1 P.M. During the afternoon she had been under the care of Dr. Cassell, a very excellent and judicious practitioner, who had administered the usual means without producing any relief. Her pupils were very much dilated. As she had been freely *puked* and *purged*, I opened the temporal artery and obtained as much blood as I desired without benefit. I now learned that she had fallen from a chair upon the back of her head, receiving a very violent concussion of the brain. I was now satisfied, from the great dilatation of the pupils, that effusion had taken place, and that she was beyond the reach of all remedies. I however, with Dr. C.'s approbation, immediately put her under the influence of chloroform. The convulsions immediately ceased, and she would remain as tranquil as if in the sweetest sleep until its influence would pass off, when twitchings of the eye would indicate its return. A few inhalations however would soon tranquilize the system, and thus the hearts of her parents were saved from witnessing the cruel writhings and contortions of this excruciating disease which had afflicted the patient all afternoon. Relief from spasm of any kind is a great boon; here it is doubly so. Although we may not cure, still we may smooth the passage to the grave by the use of chloroform. In cholera nothing is more efficacious than chloroform to relieve its frightful spasms.

Feb. 12, 1855.—Called to see Mrs. C., aged 20. She had been delivered of twins, 48 hours intervening between the births. The last child had been born about thirty hours, both after-births had been retained by an hour glass contraction of the womb.

The physician in attendance failed in all his efforts to extract. External and internal organs of generation very much swollen and

extremely tender to the touch, so much so that she could not allow me to introduce even my finger into the vagina. This was a very interesting case, one that would show the invaluable character of chloroform during my efforts to relieve this lady, who ever since the birth of her last child had been tormented with constant and continued efforts of the uterus to rid itself of its contents.

This patient was soon brought under its influence, the hand was readily and without difficulty or pain introduced and passed through the stricture or contraction, up to the fundus uteri, to which I now found the placenta were both firmly adhered. They were however readily removed by the operation of *peeling*, and my patient was thus rescued from the jaws of death.

I would add my advice to my professional brethren always to use ether or chloroform in all operations where much pain and suffering may be expected.

Reasoning a priori, would not anæsthetics be productive of much relief in all cases of jactitation and restlessness in fever, would not its use immediately allay all excitement, of whatever kind it might be, unless in that of a highly sthenic character, such as generally attends our fevers of an active inflammatory condition. I do not remember of having ever seen the use of chloroform advised as above, and if it has never been used I would beg leave to call the attention of the profession to this subject.

With these few items of a practical character, I leave the subject with your readers, only adding that the mode of administration has always been by wetting a handkerchief with a drachm or two of ether or chloroform, and thus applying it to the nose until its effects are produced. My rule always is to use ether, if it will answer; if it does not, then use chloroform without much delay.

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[DR. DAVIS,—Dear Sir: I think you will find the enclosed note of sufficient interest to deserve insertion in your Journal. As illustrating the existence of an animal poison hitherto unknown, or the action of an old one in an unusual manner, the case it describes deserves to be put on record, deficient as it is in details. Your obedient servant,  
D. BRAINARD.]

DR. BRAINARD — *Dear Sir*: I write to you for the purpose of obtaining some information in regard to a very singular case of

supposed poisoning now in this city, under the medical care of my preceptor, J. H. Hershey and his partner, Dr. Cass. The history of the case is as follows: The patient is a boy ten years of age. He says that he was bitten by a rat in the night, while in bed. There are two small wounds or marks on his upper lip, which are about the size I should suppose would be made by the teeth of the rat. The patient did not experience any bad effects for a week after he had been bitten, at which time the part bitten began to swell, and the swelling extended itself to the greater part of the face and neck. The part is rigid to the touch and rather insensible. All the glands of the system appear to be affected; they are swollen, causing a considerable stiffness in most of the joints; the circulation is excited, but not extremely so; the pulse rather frequent and full. It has been treated locally by the application of the tinct. iodine; constitutionally, by iodide potassa and tonics.

Now, I r., inasmuch as the attendant physicians are anxious that their patient may recover, and I am solicitous to know your opinion of the case, you will have all our thanks for any information you may be pleased to send us. In short, Dr., we want to know whether the bite of the RAT is poisonous or not.

Yours respectfully,

J. J. MORGAN.

## SELECTIONS.

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From the Dublin Med. Press.

### *A New Broth for the Sick.* By Prof. JUSTUS LIEBER.

To prepare this broth half a pound of the flesh of a recently killed animal (beef, or the flesh of a fowl) is chopped fine, and well mixed with a pound and an eighth of di-tilled water, to which four drops of pure muriatic acid, and from half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid is poured back, until the fluid runs off clear. On the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red color, and an agreeable taste of broth. The sick are allowed to drink a cupful cold, at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hematine.

The sickness of a young female servant, from typhus, in my house, gave occasion to this preparation. It was called forth by a remark of my medical attendant, that, in certain conditions of this disease, the greatest difficulty, which presented itself to the physician, lies in an imperfect digestion—a consequence of the condition of the intestines, and the difficulty of obtaining food suitable for digestion and the formation of blood. Generally, broth prepared by boiling is deficient in all those ingredients of meat which are necessary for the formation of the albumen of the blood, and the yoke of an egg, which is added, is very poor in this substance, as it contains, on the whole, 82½ per cent of water and 17½ of egg albumen, or a substance analagous to it, and whether this substance, in its nutritive qualities, is equal to the albumen of flesh, is, according to the investigations of Magendie, at least, doubtful. Besides the flesh albumen, the new broth contains a certain quantity of hematine and therein a large quantity of iron necessary for formation of blood corpuscles, and, lastly, the muriatic acid for digestion. A great hindrance to the employment of this broth in summer is its changeableness in hot weather. It undergoes fermentation, as sugar with yeast, without

giving a disagreeable odor. What substance causes this change it is very desirable to ascertain. On that account, the flesh must be treated with very cold water, in a cool place. Ice-water and cooling with ice removes this difficulty. But, above all things, care must be observed that the flesh is used fresh, and not several days old. In the hospitals of Munich, and in private practice, this broth has been employed with great advantage.—*Annales der Chemie and Annals of Pharmacy.*

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*Use of the Microscope in the Diagnosis of Cancer.*

In a recent number of the *Gazette des Hopitaux*, we find the following sensible view taken of the use of the microscope in cancerous diagnosis :

What are the microscopic characters which have been assigned to cancer? Without entering into the details of microscopic anatomy, we shall content ourselves with indicating the principal results that have been received. A cancerous cell or globule is found, enclosing cellular contents, and one or more nuclei, in which nucleoli is found; but the form of this cancerous globule is far from being constant, being rounded, oval, spherical, often irregular, and presenting prolongations, which have been designated under the name of horus, and which themselves enclose numerous nuclei of cancerous globules. Sometimes even the cancerous cell is wanting, and there are only nuclei enclosing nuclei. Such is the nucleolated cancer. Such are the characters which have been assigned to tumors, designated under the names of scirrhus and encephaloid. But are these the only cancers? No; for there are other tumors, which, like the two last, have the melancholy privilege of recurring, either on the spot, or in the entire economy. Such are the tumors which have been designated under the names of fibro-plastics, of canceroids, and of epithelial tumors. These are not true cancers, for elements of another nature have been found in them. In the fibro-plastic tumor are found fusiform globules, lengthened at their extremities, and terminating in true fibres. In epithelial tumors are found cells of which the structure is similar to that of the epidermis or of the epithelium of mucous membrane. Besides these, there are the enchondroma and the melanotic tumors, which also often re-appear with great rapidity, and in which are found elements differing from those just mentioned. Here, then, we have a certain number of tumors, which have all one of the most important clinical characters of cancer—that is to say, which recur, and in which, nevertheless, we do not find the true elements of cancer, that is to say, the cancer cells.

The principal objections, therefore, made to the microscope are,

that in the cancer are found cells extremely variable in form, and not always presenting a character of identity; that homeomorphic characters are found in other tumors; and that these tumors sometimes re-appear with as much rapidity and as fatally as true cancer. To these objections the microscopists reply by observing, that no matter what may be the anatomical element of tumors, they have, when they re-appear, their primitive characters; and although some exceptions seem to contradict this theory, we are of opinion that the microscope has been eminently useful in enabling us to make a more accurate anatomical description of such tumors than would have been otherwise possible. In fact, it has indicated their place in nosological classification. But, it may be asked, if clinical observation justifies the classification of tumors, as made by the microscope? Yes, in a great number of cases. In fact, every surgeon has had opportunities of verifying that the march of canceroids is very different from that of scirrhus and encephaloid cancers. True, it matters not which of these tumors it is, the patient always ends by succumbing; but it is to be remarked, that the march of the disease is far from being the same. Of course there are points of identity, since these diseases were for a long time confounded. The same remark may be made of fibro-plastic tumors, which re-appear on the same spot, or in some other part of the economy, but which often present symptoms of a peculiar character.

Another much more serious objection which has been made to the micrographic examination of epithelial and fibro-plastic tumors, is, that they are composed of elements which exist as well in the economy. Thus, in the adjoined chancre, and in the tissues indurated by inflammation, are found fibro-plastic elements, and yet these latter affections have a march which is entirely their own. They do not recur. In warts and syphilitic vegetations, epithelial cells are met with. True, warts recur, as do all vegetations, but this is the one point of contact they have with canceroids; for what can be more dissimilar than those benignant alterations and an affection which almost always kills? And it is impossible for the microscope to indicate which of these fibro-plastic and epithelial affections are susceptible of affecting the economy.

We think, therefore, that instead of merely describing cancerous tumors characterized by a cell of a particular form, there is room for admitting many species of cancer—the fibro-plastic cancer, the epithelial cancer, the encephaloid cancer, the scirrhus cancer, and the melanotic cancer. Each of these species of the genus would have a generic character, that is to say, its re-appearance, and would have, for specific character, the anatomical element established by the microscope. Possibly, the microscope



may discover a generic character in the different tumors first enumerated, but it is certainly not the cancerous cell which should be taken as the point of departure; since it does not exist in a certain number of tumors, which are very properly designated under the name of cancer.

Other objections, which have been made to microscopic observations, appear to us of no great force. Thus, it has happened, that where one micrograph has established the existence of the cancerous cell, another has not found it. But it may be remarked, that one or more errors on the part of an observer, should not be imputed to the method itself; there are so many causes of error in an instrument requiring such delicate management, that a slight turn of the screw is sufficient to change the whole aspect of the tissues. Besides, in doubtful cases, how often do we see two practitioners of equal skill differ in their diagnosis? In such cases, one at least must be wrong, and yet the science of the other may justly remain indisputable.

In the actual state of things, we cannot except all that the microscope asserts; but we may say, that it has already rendered great services, and we do not doubt, that it will continue to do so. It is opened to the reproach of having advanced too far, and of having too readily disregarded clinical observation, although it was there it found the facts which it has used to establish its doctrines. We must add, however, that more recently the attentive examination of facts has enabled it to adopt conclusions more in harmony with the actual development of disease.---*American Med. Monthly.*

#### *A Case of Vertebral Dislocation, with Favorable Termination.*

By J. U. HICKERMAN, M. D., Tiffin City, Ohio.

On the 11th of December, 1852, as I was returning from a ride to the country, in passing R. Good's residence, I was accosted by his lady with, "Oh! Doctor, come in quick; you were sent for, but being absent we have sent for another Doctor, who, however, has not yet arrived."

Upon entering the house I found a female of considerable more than ordinary size lying in bed upon her back, in an extended position, with the head slightly turned to the right. The surface of the body was but little below the natural temperature, pupils dilated, pulse absent at the wrist and elbow, heart's action feeble and scarcely perceptible, respiration absent, except an occasional (one in about two or two and a half minutes) gasp.

I learned from the bystanders that the patient had been thrown from a wagon, the wheels of which had traversed the epigastric and hypochondriac regions of her body.

At first I looked upon the case as one in which organic life was partially suspended, as a result of the shock produced by the fall; and dispatched a person to a neighboring grocery for some brandy, which arrived simultaneous with Dr. E. Reeme, of this city, who had been summoned during my absence.

The brandy was given, first cautiously, afterwards more liberally, without at all, for some time, effecting the circulation. I now advised Prof. Good and lady to send for the friends of the patient, (she being a domestic in the family.) inasmuch as we feared the existence of internal hæmorrhage, and that death would ensue, without a probability of surgical relief being afforded.

After the lapse of some time the pulse became perceptible at the wrist, at first feeble, but soon distinct and of moderate fullness, but irregular, and in quantity of from sixty to ninety to the minute, not beating at the same rate for more than from five to fifteen continuous seconds.

I now suggested to Dr. R. the propriety of artificial respiration, which was commenced and continued for about the space of half an hour.

Vertebral dislocation, at this stage of our proceedings, suggested itself to my mind, and thrusting a finger into the pharynx of the patient, discovered a well marked, and easily distinguished prominence, at the junction of the fourth and fifth vertebra.

Upon this discovery I said to Dr. R: "If you put your finger down her throat you may detect the nature of the case." Upon examination Dr. R. said: "it (the protuberance) was very well marked."

After a little reflection I seized the patient's head under my left arm, with which I made traction, and with the index finger of the right hand in the patient's throat, I made firm pressure obliquely upward, backward and to the left; after continuing this pressure for about forty to fifty seconds, the part against which the finger was placed gradually, yet quickly, receded in the direction in which the pressure was made, and instantly as quickly indeed as the act could possibly be executed, the patient opened her eyes, and natural respiration was established. The patient immediately became conscious of what was transpiring about her, recognized the persons present, and upon being asked if she was suffering any pain, signified by signs (being unable to speak.) that she had, and when asked its locality, referred to the epigastric and hypochondriac regions.

Two hours after the above occurrence I again saw the patient, and found her comparatively comfortable, with a pulse of 80, somewhat small and hard, and respiration nearly natural. At 7 o'clock P. M., eight hours after the occurrence of the accident, reaction had ensued, accompanied with hot surface, accelerated

breathing quick, full pulse and thirst; blood was now abstracted to the amount of about 25 oz, a saline cathartic ordered, and Tart. Emet. given in solution in sedative doses, and the patient was speedily restored to perfect health, which has been uninterruptedly enjoyed up to the present time, a period of twenty-six months.

*Ohio Med. and Surg. Journal.*

#### *Indications for Treatment in Fever afforded by the state of the Heart.*

In one of the Clinical Lectures on Fever, delivered by Dr. Stokes, in the Meath Hospital, Dublin, and reported by Dr. Lyons, are these very important and practical remarks:

"I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in this hospital with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart, and that we are not to give wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connection with the effect of stimulants, is simply this,—we have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained that the power of bearing stimulants, their effect upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart. We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one, we have an excited heart—a violently excited heart all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days, and yet there be no pulse at the wrist. This is one case. In the next case, we find exactly an opposite condition, in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and, in certain cases, by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases in which the heart does not seem to be implicated at all in the course of the disease, in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems

to be in a state of calm and gentle quiet. If we compare these three sets of cases with a view to prognosis, we may arrange them in this way. The case of excited heart all through, with feeble pulse and with adynamia, is unquestionably the worse case.— There is no worse symptom in fever than an excited heart. It is especially a bad symptom when, with that excitement, we find a feeble pulse. The next will be the case of sinking of the heart; and the most favorable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart, you are not to give wine if the symptoms of the patient require it; and you are not to suppose that, because the heart is not affected at all, you are to withhold wine if the general symptoms require it. You are not to found your exhibition of wine upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible practical rule which will guide you in the use of wine in certain, I think in many cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe you can do without wine."

## BOOK NOTICES.

*Fourth Annual Report of the Trustees of the Illinois State Hospital for the Insane.* Jacksonville: Dec. 1854.

*Reports of the Trustees and Superintendent of the Butler Hospital for the Insane,* presented at the Annual Meeting in January, 1855. Providence, R. I.

*Nineteenth Annual Report of the Managers of the New York Institution for the Blind,* to the Legislature of the State, made January, 1855. New York: James Egbert, Printer.

*Physician's Report on Closing the Roper Hospital after the Yellow Fever Epidemic of 1854,* made to the Trustees of the Institution. By W. T. WRAGE, M.D., Physician to the Hospital. Charleston, S. C. 1855.

*Sanitary Reports of the City of Buffalo for the Year 1854* By the Board of Health. Buffalo, N. Y.: Clapp, Mathers & Co., Printers.

Few things afford a more pleasing index of the humanizing tendencies of the present age, than the measures adopted for the care of the helpless, the unfortunate, and the sick.

The hospitals for the sick and insane, and the asylums for the blind and deaf, are so many monuments pointing to the triumphs of reason and benevolence over human ignorance and selfishness.

The first of the reports named above is a pamphlet of 51 pages, containing the Reports of the Trustees and Superintendent of the Hospital for the Insane, at Jacksonville, Illinois; and also the laws of the State regulating the admission of patients, &c.

From it we learn that the hospital is under the immediate charge of Andrew McFarland, M.D., Superintendent; Charles C. Cornett, M.D., Assistant Physician; John Henry, Steward; Eliza M. Rogue, Matron; and Isabella Henry, Housekeeper. The re-

port of the Trustees relates chiefly to the financial condition of the hospital, and contains nothing of special interest to our readers. From the report of the Superintendent we learn that: "At the date of the last report, there remained in the institution eighty-two patients. Since that time there have been admitted two hundred and sixty-five cases; making the whole number who have enjoyed the benefits of the hospital from December 1st, 1852, to December 1st, 1854, three hundred and forty-seven. During the same period nearly one hundred and eighty-two have been discharged, leaving one hundred and sixty-six now under treatment. As the hospital affords accommodation for the two sexes equally, and the whole had been occupied the most of the time recently, the number of males and females has been nearly the same."

Of the 182 reported discharged, 21 were discharged by death, 16, by order of the Trustees, unrecovered, 31, by request of friends, unrecovered, and the remaining 114 recovered. These results compare favorably with those exhibited by the best institutions for the insane in our country, and speak well for the skill and faithfulness of those who have the institution in charge. There is one recommendation in the report of the Superintendent with which we should decidedly differ. It relates to, and encourages the plan of aggregating large numbers of the insane in one institution. On this subject we fully agree with Dr. L. V. Bell, and others who have had much experience in the care of the insane, that no one institution should contain at one time more than from 200 to 250 patients.

The second report named in the caption is from the Trustees and Superintendent of the Butler Hospital for the Insane at Providence, R. I. The institution was founded in 1848, and is under the immediate management of Isaac Ray, M.D., Superintendent and Physician; Roger C. Perkins, M.D., Assistant Physician; and Mrs. Sarah D. Lovett, Matron. Dr. Ray is well known among those who have devoted much attention to the insane, and his report will be read with interest. The following paragraph will show the number cared for in the institution during the year 1854, and the results of such care, viz.:



"On the 31st of December, 1853, there were in the house one hundred and thirty-six patients—sixty-three males and seventy-three females. During the year ending the 31st of December, 1854, there were admitted eighty—thirty-one males and forty-nine females; making two hundred and sixteen under care in the course of the year. There have been discharged eighty-five—forty males and forty-five females; leaving, on the 31st of December, 1854, one hundred and thirty-one patients. Of the persons admitted, twenty-two were from other States. Of the remaining fifty-eight, twenty-one were supported by cities and towns, six partly by the bounty of the State, dispensed by the Governor, and thirty-one entirely by private means. Of those discharged, forty had recovered, twenty were improved, six were unimproved, and nineteen died."

The third report in the list named is that from the New York Institution for the Blind, which has now been in operation *nineteen* years. The special design of this noble institution is to afford instruction, both educational and mechanical, to the hopelessly blind. T. Colden Cooper is the Superintendent, aided by a full board of teachers—literary, musical, and mechanical. And we know of no public institution that more fully deserves the confidence of the people than this. The following paragraph will show the number receiving the benefits of the institution during the year 1854, viz.:

"The whole number of blind persons thus receiving education, or the means of support, through the medium of the institute, is two hundred and five. Of the one hundred and forty-two pupils, one hundred and sixteen are beneficiaries of the State of New York, six are supported by the State of New Jersey, thirteen by their friends, two by the Commissioners of Emigration, and five are received gratuitously by the institution."

Only three deaths occurred among the inmates during the year. In addition to the usual topics treated in this report, is an interesting report, by J. G. Adams, M.D., one of the Board of managers, giving "an account of the Institutions for the Blind visited by him during his absence in Europe during the years 1853—4." The institutions spoken of by Dr. Adams are, the *Institut des*



*Jeunes Aveugles*, Paris; the *School of the Indigent Blind*, in St. George's Fields, Southwark, London; and the *School for the Blind*, in Hardman St., Liverpool.

We cannot analyze this paper without giving it entire; and for this we have not room at present. Dr. Adams states the proportion of blind persons in Europe to be 1 in 1400 inhabitants; in the United States, somewhat larger; while in Egypt it is as high as one in every 100.

The fourth report named in the list at the head of this paper is an exceedingly interesting one, from Dr. W. I. Wragg, of Charleston, S. C. The Roper Hospital seems to have been a temporary institution, made necessary by the severe prevalence of Yellow Fever in the city of Charleston during the summer and autumn of 1854. The report of Dr. Wragg contains very much interesting and valuable matter; but it is so judiciously condensed and statistical in its arrangement, that no adequate idea can be given of its contents by a further analysis. The following, in relation to the nature of Yellow Fever, and the conditions of the urine during its progress, is well worthy of careful consideration, viz:

And I may, perhaps, not be going beyond the sphere of my duty on this occasion, in suggesting a connection between this vitiated state of the fluids of the stomach and a diseased condition of the great sympathetic nerve, indicated by that symptom which was shown above to have been the only *invariable* attendant of the disease, viz:—Pain in the back. I am of opinion that if ever we arrive at such perfection in our means of examining the nervous system, as to be able to detect the existence of disease with certainty as well as accuracy in these tissues, we will find that in yellow fever the sympathetic system is in that state, and, as a consequence, deranges all the secretory actions of the digestive apparatus. Such a view enables us to account for all the symptoms. The deep seated pain along the dorsal region, most violent at the points corresponding with the plexuses of the nerve in question, and the radiations of this pain from these points to the distributions of the nerve, in some cases involving the entire area of its ramifications; the intense nausea and obstinate vomiting, which are found to begin long before any traces can be discovered of lesion in any other of the tissues of the stomach; the entire alteration of all the secretions, and consequent arrest of the functions of

digestion, &c.; the tendency to early solution, and even dissolution of the blood; and, finally, the heavy, dull and painful oppression in the whole abdominal region, including the space from the umbilicus to the pubis, are strongly inferential, if not positive proofs of the diseased condition of this great system. By reflex action from this important nerve, the whole spino-cerebral system is brought into disordered action, and hence the train of general symptoms familiar to all.

This, however, is not the place to elaborate such views. I have referred to them as explanatory of other derangements of the general system, which I must now proceed to touch briefly upon.

Before leaving the intestinal canal and its disordered functions, I will refer to one other appearance as corroborative of the ideas suggested in relation to the existence of muriatic acid. As the blue or ocean-green color of the vomited fluid is seemingly due to this acid, mixed with bile or saliva in the upper part of the canal, so the grass-green hue of the stools appears to depend on a mixture of bile, with the same acid in the parts of that tube below the stomach. It is easy for any one to satisfy himself of these effects from such mixtures by experiments out of the body.

A symptom which was noted as of fearful consequence, was suppression of urine. It was present temporarily in a large number of the cases during the early part of the first stage, and in 15 it was persistent, continuing to three days. Of the 15 thus affected, 12 died, and but 3 recovered. This condition must be carefully distinguishable from the retention of urine, which was also common even when it could not be referred to strangury. The latter was easily overcome, the former never yielded.

It may be as well for me to finish what I wish to say on this subject. Though scanty in quantity, yet often but slightly altered in the early stage of the fever, it offered deviations from the healthy standard in the second and third stages of great importance.

First: It was found to eliminate from the system an immense quantity of bile in those cases in which jaundice succeeded as one of the secondary symptoms.

Second: It carried off free hydrochloric acid in a considerable number of cases, as was shown when the tests for that substance were used; and I am disposed to believe, from the frequent presence of this acid in the stomach and intestines during the early stage of the fever, that its existence in the urine takes place earlier, and is more frequent than we are yet aware of. It has not been possible for me to institute a comparison between the number of deaths and recoveries in cases where this state of the urine was made out. It appears to have been coincident with great danger

to the patient; but it will be a point of much interest to be investigated hereafter, whether its presence in the urine at this stage of the disease is not, as in the case of bile under the same circumstances, proof of the existence of an eliminative action.

Third: There were, in a few cases, red sedimentary deposits, consisting of urate of ammonia, colored with purpurine.

Fourth: Large quantities of organic debris, apparently epithelial scales, &c., were found in a few cases.

For these results of chemical analysis of the urine, I am indebted to Dr. Ford, whose careful researches, though not sufficiently corroborated by repetition, will, I am disposed to believe, when completed and given to the public, be found to open some new views of this disease."

The whole number of cases treated in the hospital was 254, of whom 92 died, and 162 recovered. Of the whole number, the *black vomit* occurred in 74. Of this number, 9 recovered after throwing it up, and 63 died. In relation to treatment, Dr. Wragg says: "I repeat that no reliance was placed on any specific, and though I tried all that I conscientiously thought that I might use with safety, or a hope of success, my chief dependence was on the application of such general principles as seemed to find their required conditions in the symptoms before me."

The fifth and last paper in the list given above is chiefly occupied with the report of James M. Newman, M.D., Health Physician, in relation to the *cholera* in the city of Buffalo, during the year 1854. The report occupies 43 pages, and is accompanied by Meteorological Tables, a chart showing the streets in which the cholera prevailed, and tables exhibiting the entire mortality of the city from all diseases. It is printed in good style, by order of the Common Council of the City. We are not sure but the City Physician and Common Council of Chicago might take a useful hint in relation to their own duties from this report. It is well drawn up, minute in its details, and well worthy of perusal. The appended tables show a gross mortality during the year, from all diseases, of 2,936: of which 572 are reported from epidemic cholera; 187 from cholera infantum; 21 from cholera morbus; 90 from dysentery; 266 from consumption; and from intemperance and delirium tremens 32.

The population of Buffalo is reported to be 80,000, which would make the average mortality of the city for 1854 about 1 in 27.

*On Injection of the Bronchial Tubes, and Tubercular Cavities of the Lungs.* By HORACE GREEN, M.D., LL.D., President of the Faculty, and Professor of the Theory and Practice of Medicine in the New York Medical College; Corresponding Fellow of the London Medical Society; Member of the American Medical Association, &c.

THIS is a monograph of 20 pages, re-published from the January number of the American Medical Monthly. In it the author not only defends his claim to priority in the practice of introducing a sponge probang into the larynx, for the treatment of laryngeal diseases but he claims to have recently extended this practice so far as to introduce a tube through the larynx into the bronchial tube, and inject solutions of nitrate of silver into the branches of the bronchia, &c. Dr. Green claims to have treated several cases by injecting from one to two drachms of a strong solution of nitrate of silver into the bronchial tubes, and with much benefit to the patients. The following is the concluding paragraph of his paper:

"In conclusion, it is maintained that the direct medication of the lungs, by means of *catheterism of the air tubes*, an operation I believe not before performed, has been repeatedly accomplished; that the operation may be performed by the dexterous surgeon with ease and facility, and with *perfect safety* to the patient; and that the results of this method of treating disease, whether it has been employed in bronchial affections, or in the commencement of tuberculosis, have already afforded the most gratifying indications that practical medicine will be greatly advanced by this discovery."

*Mirabile dictu.*

*A Manual of Pathological Anatomy.* By C. HANFIELD JONES, M.B., F.R.S., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Pathology at, St. Mary's Hospital; and EDWARD H. STEVERING, M.D., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Materia Medica at, St. Mary's Hospital. First American Edition revised, with 297 Illustrations. Philadelphia: Blanchard and Lea. 1854.

THIS is the title to a large-sized octavo volume, well bound in calf, containing 733 pages. It is designed for a standard work or

text-book on the very interesting and important subject of Pathological Anatomy. The following are the general topics discussed in the work, as indicated in the table of contents, viz: 1st. General Pathological Anatomy. 2d. Pathological Anatomy of the Alimentary Canal. 3d. Pathological Anatomy of the Joints. 4th. Pathological Anatomy of the Nervous System. 5th. Pathological Anatomy of the Organs of Circulation. 6th. Pathological Anatomy of the Organs of Respiration. 7th. Pathological Anatomy of the Female Organs of Generation. 8th. Pathological Anatomy of the Osseous System. 9th. Pathological Anatomy of the Urinary Apparatus. The chapters included under the three first and the last heads, are written by Dr. Jones, and those embraced under the other five divisions, by Dr. Sieveking. The American publishers have added many illustrations not contained in the London edition, and have also introduced into the chapter on cancerous growths the microscopical observations of Dr. Donaldson, of Baltimore, on the characteristics of the true cancer cell. We have not yet had time to examine the contents of the volume with that care which is necessary to enable us to make a critical analysis of its facts and doctrines; but we have no hesitation in recommending it as worthy of careful and thorough study by every member of the profession, whether old or young.

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*Transactions of the New Hampshire Medical Society, held at Concord, June, 1854.*

THIS is a well-printed pamphlet of 56 pages, containing the proceedings of the State Medical Society during its *Sixty fourth Anniversary* meeting; the Annual Address of the President, Dr. Albert Smith, Professor of Materia Medica in Dartmouth College, N. H.; the Poetry of the Medical Profession, an Oration by Dr. Andrew McFarland, Superintendent of the Illinois State Hospital for the Insane; and a Dissertation on the necessity of a knowledge of the chemical changes that take place in the human body while in a state of disease, by Dr. W. H. H. Mason. These are well written productions. That of Dr. Smith is headed, "Conservatism in Medicine." And though interesting and well writ-

ten, it is chiefly occupied with those general considerations in relation to the condition of the profession, and the various forms of quackery, which have constituted the staple of so many addresses during the last few years. We are almost tired of this species of literature, and could wish that every physician in the United States, instead of mentioning the name of any species of quackery, pathy, or ism. during the next five years, would bend all his energies to a thorough improvement of himself and the profession to which he belongs.

The second paper is in the form of an Oration, by Dr. McFarland, now Superintendent of the Hospital for the Insane at Jacksonville, in this State. It occupies twelve pages, and as a literary production is highly creditable to its author. But it must be read entire to be appreciated. The paper of Dr. Mason occupies nine pages, and is a just appeal to the members of the Society in favor of a more thorough knowledge of the chemistry of man. We think a society *sixty-four* years old, like that of New Hampshire, should present in its printed transactions more strictly scientific matter than is to be found in the pamphlet before us. We fear our brethren in the Granite State need a little waking up.



## EDITORIAL.

### *The American Medical Association.*

The Eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The Secretaries of all the Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article 24 of the Constitution:

"Each Local Society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States army and navy shall be appointed by the Chiefs of Army and Navy Medical Bureau.

"The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the meeting of the Association, held in New York, in May, 1853.

FRANCIS WEST, M.D.,

One of the Secretaries 352 Chestnut St., Philadelphia.

By the above notice of the Secretary, it will be seen that another Annual Meeting of the Association is near at hand.



Have all the Medical Societies and Institutions in the North-West appointed their delegates? If not, we hope they will do so without delay. The coming meeting will, doubtless, be one of more interest, in a strictly scientific and professional aspect, than any which have preceded. It is easy to perceive that the current of opinion in the profession is running strongly in favor of devoting more time and care to the reading and consideration of such scientific papers and reports as may be presented, and less to mere miscellaneous matters. Heretofore much time has been consumed on random resolutions and vain attempts to amend the constitution.

Let each delegate look over the list of subjects assigned to special committees, and study those subjects in such a manner as to be prepared to consider and act upon any reports that may be presented. We say this much without wishing to convey the impression that no time ought to be devoted to the important subject of *medical education*.

We do think, however, that fewer resolutions and more *practical action* on this subject would conduce to the interests of the profession. An effort will probably be made at the coming meeting to so far change the constitution as to permit the Annual Meetings to be held permanently in Washington city. We are very sure, however, that such a step would greatly lessen the influence and importance of the Association. If there is one single constitutional provision which has contributed largely to the influence of the national organization over the whole profession, it is that which prohibited it from meeting twice in succession in the same place. On this subject we hope the North-West will not only be well represented, but also well united in opposition to any change which shall aid to localize the Annual Meetings of the Association in one section of the Union.

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#### *Convention of Delegates from Medical Colleges.*

ONE of our exchanges, we think the Nashville Journal, suggests that the next meeting of the American Medical Association should recommend a 'National Convention of delegates from the Medical

Colleges" of the whole Union, to consider practically the subject of medical education.

Such a recommendation was made at the meeting of the Association in Boston, in 1849. The proposition was made by a committee, consisting of Alexander H. Stevens, of N. Y.; George B. Wood, of Philadelphia; and Jonathan Knight, of New Haven; and unanimously adopted. The time recommended for the meeting was a few days before the Annual Meeting of the Association in Cincinnati, in 1850. But the Colleges paid no heed to it whatever. Perhaps a renewal of the recommendation would meet with success. We are in favor of trying it, for we are confident that such a meeting would result in much good.

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*Cock County Medical Society—Variola.*

At the regular meeting of the Cock Co. Medical Society on the first Tuesday in February 1855, Dr. N. S. Davis, chairman of the Committee on Epidemics, called the attention of members to the recent unusual prevalence of Small-Pox in the city. He said the disease had been developed with a rapidity and to an extent not easily explained on the supposition of contagion or simple communicability from one to another. Thus previous to the first of January there had been so few cases in the city that the subject had attracted no attention; only one case having come directly under the observation of the reporter. Between the sixth and the tenth of that month the disease sprung up as if by magic in almost every section of the city, and to some extent among all classes of the people. Twenty cases had come under his own care which had their beginning during that brief period. Six of these were unmodified by previous vaccination, the eruption was extensively confluent, and the constitutional symptoms very severe. The other 14 cases occurred in patients who had been previously vaccinated, and were modified so as to present almost every variety of Varioloid, from the slightest, with a mild premonitory fever and not more than a dozen pustules, to a degree of severity, closely resembling the milder cases of distinct Variola. From the 10th of January to the present time (Feb. 13) only three new cases

have come under his observation, and these were of the milder class of Varioloid. Of the six unmodified cases two recovered without any untoward consequences, the other four presented symptoms of the most malignant or pernicious character from the beginning, and all proved fatal between the seventh and fourteenth days after the attack. One of these cases occurred in the person of a young man who was just recovering from a severe attack of Sub acute Gastritis.

The onset of the variolous fever was marked by a renewal of the gastric irritation, to such an extent that he vomited almost incessantly, accompanied by great distress and oppression at the epigastric region, a small and quick pulse, with extreme restlessness. The eruption made its appearance at the end of the fourth day, but was accompanied by only a very moderate diminution of the gastric and constitutional symptoms. The eruption, too, was somewhat peculiar. Instead of presenting distinct pointed elevations in the skin, enlarging in circumference from day to day, and soon presenting a well marked indentation or umbilicated spot in the centre, they appeared mostly in large patches, the whole surface of which was *scarlet red*, and thickly studded over with minute vesicles, almost resembling clusters of herpes. One of these patches covered the entire face; and they were so numerous over the body and limbs, that after the third day of the eruption, scarcely the amount of six square inches of sound skin remained on the patient. The vesicles on these patches increased in size very slowly; only here and there one ever became umbilicated or distended with any fluid. About the sixth day the scarlet redness began to fade, and the vesicles began to present the appearance of dried cuticle. The swelling of the face was at no time as great as is often seen in mild cases of the disease. From the appearance of the eruption the pulse became a little slower, being about 110 per minute, and more full, but gaseous, or easily compressed. There was much thirst and restlessness throughout the progress of the case. About the seventh day of the eruption, the pulse became more frequent and weak, the mind dull and somewhat wandering, and dark purple spots appeared in many of the patches, both on the body and extremities. The patient, when

aroused, also complained of a sense of extreme prostration or sinking in the epigastrium. From the appearance of these symptoms he sunk pretty rapidly, and died on the ninth day after the first appearance of the eruption. Two of the other fatal cases presented symptoms throughout strongly resembling the one just detailed. The premonitory fever was marked by extreme gastric irritation and distress; frequent and violent vomiting; only moderate pain in the head and back; the pulse from 110 to 120 per minute, rather small; the skin dry and hot; and in one of the cases frequent and bloody stools for two days. There was much thirst and great restlessness, but the most prominent point of complaint was the extreme distress in the epigastric region. In both these cases the eruption appeared on the fourth day, and presented the same general characteristics as described above. In one of these cases the patches of *scarlet redness* appeared first on the hand and arms, and subsequently became almost continuous over the whole cutaneous surface. The appearance of these patches, their irregular development, their well defined deep red color and the herpetic character of the vesicles, rendered them so peculiar that two or three of our most experienced physicians at first entertained doubts in regard to the nature of the disease. In both these cases death took place in what should have been the suppurative stage of the disease, and was preceded by the same purpuric spots and general typhoid symptoms as in the case first described.

The fourth fatal case presented no features differing from an ordinary case of severe Variola until the completion of the suppurative stage, and gave every indication of recovery, when a copious diarrhœa commenced rather suddenly, ending in less than six hours, in a free hemorrhage from the intestines, and a speedy death. The fatal diarrhœa in this case occurred simultaneously with the inordinately severe snow storm of January.

It was remarked, that of the 20 cases alluded to as occurring between the sixth and the tenth of January, only one could be traced to any *known* exposure or contact with other cases. They were widely separated from each other in different sections of the city, and among different classes of people. The reporter said, if we add to these cases which had come under his own observa-

tions the numerous others which had occurred in the practice of other physicians, having their beginning during the same week. It will be clearly apparent that the city had been visited by a distinct Variolous Epidemic influence; and that too, of the same malignant character which, in the middle ages, so frequently decimated the population of European cities; and were it not that the great mass of the citizens are protected by vaccination, he had no doubt but we should now be in the midst of one of those loathesome pestilences, which make one shudder to contemplate. He stated that several instances had been reported during the last three weeks of attacks of varioloid in persons who had previously had the same disease.

The report was followed by a discussion, which was participated in by nearly all the members of the Society present at the meeting.

Dr. H. Smith said he had a female patient under his care with varioloid, who had had the same disease several years before, and had also the vaccine pustule in childhood.

Dr. Bloodgood doubted the full protective influence of vaccination, and expressed the opinion that a large majority of those who had been vaccinated were still susceptible in some degree to the variolous poison. He related several cases in which varioloid had followed recent vaccination.

Drs. Clarke and Miller expressed decided confidence in the full protective powers of vaccination when the virus is genuine. The latter mentioned a case of varioloid which he had met with during the past month, in the person of a female who had had distinct variola several years previous.

He also thought the vaccine virus ought to be renewed more frequently from the cow. To this Dr. C. G. Smith replied, that the experiments made by Mr. Ceely in England, and by several in Boston, with virus direct from the cow, seemed to show that such virus actually exerted no more protective influence than the ordinary matter in use.

Dr. N. S. Lavis expressed strong confidence in the full protective power of the vaccine virus, and, as an illustration, mentioned the fact that in two families alone between twenty and thirty

persons were fully exposed to the small-pox in its severest form during all of the second week in January. None of them had any other protection than that of a previous vaccination, and yet not one of the number took the disease even in its mildest form. In one of these families was a little child who had not been vaccinated until two days after she had been fully exposed. The vaccine virus took effect, and in due time produced the ordinary pustule on the arm. She, too, entirely escaped the variola.

NOTE.—Since the meeting of the society at which the above discussion took place, we have learned that about the same time that the small-pox appeared in this city in so unusual a degree, it appeared also in a very large proportion of the principal towns throughout the North-West: thus affording additional evidence of the existence of a true epidemic influence. We regret to learn, by the last *Peninsular Journal*, that at Ann Arbor it proved fatal to *three* members of the class attending the medical department of the Michigan University.

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#### *Decrease of Medical Students.*

WE cannot yet gather from our exchanges sufficient returns to enable us to present a table, showing either the whole number of Students or Graduates, who have been in attendance at the various Medical Colleges of our country during the past winter. Enough, however, has been published to show that the gradual decrease of both which has been taking place during the last three or four years, has been exhibited in a much more marked degree during the past winter than at any time before. But it is easy to perceive a marked difference in the ratio of diminution in the different colleges. Those located in our large commercial cities, with good advantages for clinical or hospital instruction, have, as a general rule, retained nearly their usual number, and in the Rush Medical College, of our own city, the number of graduates has actually increased. But in most of the colleges located in villages and rural districts, the diminution of numbers in attendance has been very great. This is as it should be, and indicates the operation of an influence which is destined to induce ulti-



mately a most salutary change in our system of medical education. Not a few have hastily proclaimed the American Medical Association a failure, and its influence over the Medical Colleges a nullity. Such have looked only at the surface of things. While it is true that neither the profession generally, nor the colleges have formally adopted and carried out the recommendations of the Association in regard to preliminary, college, and clinical instruction, a little examination will show that the influence actually exerted on all these topics is decided and salutary. We are certain, from our intercourse with both practitioners and students, that the former are much more cautious than formerly about receiving into their offices young men who have no preliminary education whatever; and the latter are much more generally aware of the necessity of a higher grade of intellectual cultivation to ensure success in the profession. Other circumstances have, doubtless, exerted more or less influence on the number engaging in the study of medicine; but the increased attention excited throughout the whole profession by the annual discussions in the meetings of the Association, has accomplished far more than any other one cause. So, too, the position taken by the Association in regard to the great importance of true hospital clinical instruction, has been the chief cause of the greater relative concentration of students in those schools where clinical instruction in hospitals can be enjoyed.

So true is this, that should the same ratio of decrease in the number of students attending many of the *country* schools, continue one or two years longer they would be obliged to suspend altogether. The influence of the Association over the Medical colleges in another important particular, is already visible. Previous to the existence of the National Organization, there was no mode by which the most active, working members of the profession could be brought in contact with, and made to know each other. Hence there was a constant tendency on the part of the colleges, to choose men to fill whatever vacancies might occur in their respective faculties from a narrow circle of friends and alumni. The annually recurring meetings of the National Association are rapidly correcting this evil, by bringing the most act-

ive, industrious, and talented members of the profession in all sections of our widely extended country, not only in contact with each other but also prominently before the whole profession. It is thus that the profession becomes nationalized, and the influence of mere sectional cliques destroyed. Let the same tendency be kept up by sustaining the National Association, and all the colleges will soon be compelled by a just professional sentiment, to choose men to fill the vacancies which will occur from time to time in their faculties, from among the most talented and best qualified, without reference to the section or locality from which they may come.

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*Changes Editorial.*—Dr. G. S. Jones has retired from the post of Associate Editor of the Boston Medical Journal, and Drs. Wm. W. Morland and Francis Minot, have taken his place.

Dr. J. O. Hill, has commenced the publication of the "Medical Councillor," a new Journal of 16 pages issued weekly, at Columbus, Ohio.

Drs. D. J. Cain and F. P. Porcher of Charleston, S. C., have retired from the editorships of that excellent periodical, the Charleston Medical Journal and Review, and has been succeeded by Dr. C. Happoldt.

Dr. Bennett Dowler, of New Orleans, has announced his retirement from the New Orleans Medical and Surgical Journal, and his intention to commence the publication on the first of May next, of a "New Orleans Quarterly Journal of Medicine."

Each number of the new Quarterly is to contain two hundred and sixteen pages octavo.

*Changes Professorial.*—Dr. E. Brown Sequard, late of Paris, has commenced his duties as Professor of Physiology in the College of Richmond, Va. Professors Walter Channing and Jacob Bigelow, two of the oldest members of the Faculty of the Medical Department of Harvard University at Boston, have retired from the Faculty of that time-honored institution, and have been succeeded by the appointment of Dr. D. H. Storer to the chair of Obstetrics and Medical Jurisprudence, and Dr. Edward H.

Clarke to the chair of *Materia Medica*. A Professorship of Clinical Medicine has also been created, and filled by Dr. George C. Shattuck, of Boston. Dr. E. Deming, Prof. of Pathology and Clinical Medicine in the Medical Department of the University of Missouri, died at his residence in Lafayette, Indiana, on the 23d February, aged 58 years. Dr. Quintard has resigned the chair of Physiology and Pathology in the Memphis Medical College, and Dr. Rene La Roche of Philadelphia has been appointed to succeed him. The late class in the Memphis College presented Dr. Quintard, on his retirement, an elegant copy of the Bible as a token of their respect. We infer, from the comments of the Memphis Recorder, that the retiring Professor intends to enter the Ministry.

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*To Our Subscribers.*—The present number makes the fourth of the present volume, and completes *one-third* of the present subscription year. Each number has been issued with regularity and promptness during the first week in each month. But not *one sixth* of our subscribers have yet forwarded the trifling amount which constitutes their individual subscriptions. Our Journal has a wide circulation, and if its subscribers pay up promptly, they will not only ensure our best possible exertions to make it interesting and valuable, but at the end of the present volume we shall put it in new type, and add sixteen pages to its reading matter. What say you, brethren of the profession in the North-west—shall we make our Journal not only one of the *best*, but also one of the largest in the Union? If you desire this, do your part, and I certainly will do *mine*. N. S. D.

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*To Contributors.*—Communications have been received from Drs. Hunt, Higgins of Aurora, and Dodson of Morris. The first was furnished by the Secretary of the Æsculapian Society. All these will receive due attention in our next. Dr. Hutchinson is informed that his observations with the microscope would be highly acceptable. Indeed we wish many more of our patrons would favor us with the results of their experience and observations.

*College Vacancies.*—Notice is hereby given that, in consequence of the resignation of Prof. John McLean, the chair of Materia Medica and Therapeutics in Rush Medical College has become vacant. The chair of Physiology and Pathology in the same institution is also vacant. Applications for appointment to both these places will be received by the President, Prof. Daniel Brainard, until the 15th of June next.

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*Health Officers.*—Dr. Isaiah P. Linn has been appointed City Physician for the ensuing year. Dr. B. McVickar is a member of the Board of Health. The Mayor, Dr. L. D. Boone, is also *ex-officio* member of the same board. The city of Chicago thus has the services of three medical men combining both talent and experience in her health department. The citizens will be justly disappointed unless better sanitary regulations are enforced than heretofore.

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*Total Abstinence and Phthisis.*

A writer in the Boston Medical and Surgical Journal for Feb. 15th, 1855, over the signature of "Michigan," makes the following assertion :

"But the proposition is incontrovertible that *phthisis* has *increased* upon the spread of total abstinence in almost exact proportion."

Will our brother editors of the Boston Journal ask their correspondent, "Michigan," to give us and the world facts and figures on which he bases this "*incontrovertible proposition*?" They would be of much value to the profession, provided they have any existence. The same writer also says: "Alcohol, in its various forms, may be called upon through its easily-absorbed hydro-carbon to yield *heat and respiratory food*."

Will he furnish the proof that alcohol, in *any* of its forms, is capable of yielding either?

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*Fusel Oil in the Treatment of Phthisis.*

We find in the Boston Medical Journal for March 1st, two

cases of well-marked tubercular phthisis reported, which were treated by fusel oil in the Massachusetts General Hospital. One patient took the oil seven months, during which time she gained 20 pounds in weight, and was discharged relieved. The other was under treatment with the oil eight months, during which time she gained in weight 13 pounds, and was much relieved when discharged. The oil was given in doses of from *four to six* drops after each meal. The fusel oil is obtained in the process of manufacturing alcohol from the more dilute spirits. It would seem to be worthy of further trial.

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#### *Cubebs in Incontinence of Urine in Infants.*

The Memphis Medical Recorder says that "Dr. Driters believes that nocturnal incontinence in children is due to *atony* of the neck of the bladder, in which no remedy has greater power than *cubebs*." It should be given two or three times a day for some time. We have seldom failed to remedy the same class of cases by giving tinct. cantharides, in suitable doses, for a very few days. There are cases, however, dependent on *morbid sensitiveness* of the coats of the bladder, instead of *atony*, in which soothing and alkaline remedies are required.

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#### *Fissures and Excoriations of the Nipple.*

M. Bourdel, of Montpellier, states, in the Gazette des Hospitome, that the tinct. of benzoin, when applied properly, is a sure remedy for that most troublesome and painful affection termed fissures and excoriations of the nipples in nursing women. He applies the tincture with a hair pencil directly to the cracked or ulcerated surface, so as to completely cover it. The application should be repeated often enough to keep the covering that is left by the evaporation of the tincture complete. The first application produces considerable smarting, but the subsequent ones are painless, or nearly so; and the child continues to nurse, as though no application had been made. The cure is said to be effected in from one to two weeks.

*Orchitis, or Swelled Testicle..*

Several cases of this disease are related by Prof. Costes, *successfully* treated by keeping the scrotum covered with a mixture of twenty parts of collodion and six parts of castor oil. Dr. Ogier, of Charleston, S. C., in an article in the Charleston Medical Journal, recommends for the same disease, compression by means of an *oval bag*, made of thin India rubber thread, netted coarsely, and about the size of a turkey's egg.

This may be so stretched as to enclose the scrotum, and by its elasticity produces sufficient compression, without the trouble of removal and re-adjustment, as is the case with adhesive straps and bandages.

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*Intense Cold as an Anæsthetic.*

Dr. J. C. Warren, of Boston, in a communication to the Boston Med. and Surg. Journal, adds his testimony in favor of the efficacy of intense cold, produced by a freezing mixture, in preventing pain during surgical operation. The method he adopts is the same as that recommended by Dr. Arnott, and is chiefly applicable to cases in which the parts to be operated on are superficial.

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*Hospital for Females.*—Steps have been taken to organize and establish an Hospital in the City of New York, for the special treatment of the diseases of women. It is stated that Dr. J. Marion Sims is to be the attending Surgeon.